STATE OF HAWAII DEPARMENT OF TRANSPORTATION HIGHWAYS DIVISION MOTOR VEHICLE SAFETY OFFICE 98-339 PONOHANA PLACE AIEA, HAWAII 96701

TELEPHONE: (808) 692-7661

EXEMPT VEHICLE

I,	, am the c	wner and operator of	a,	
(Registered owner)		1	(Year)	(Make)
(Model)	(License Number)	(Serial Nu	mber/VIN)	
tare weight of	pounds and a manufacturer's gro	oss vehicle weight rati	ing of	pounds.
Description of vehicle/eq	uipment:			
This vehicle is for my Industrial or Educational	(personal or farm) enterprise(s).*	and it will not be used	l in the furtherand	ce of any Commercia
I certify the above inform	nation to be true and correct.			
	(Signature)			
(Print Name and Title)			(Phone Number)	
	(Street Address/Ci	ity/State/Zip Code)		-
	(Mailing Address/C	City/State/Zip Code)	T T T T T T T T T T T T T T T T T T T	,
TO WHOM IT MAY CO	NCERN:			
	ned vehicle is <u>EXEMPT</u> from all Mounty operated vehicle inspection proll be sufficient.			
		Date:	Time:	
(Motor Carrier Safety	Officer Signature / Badge No.)			
*Note: Vehicles listed in	Hawaii Revised Statutes, Sections 2	286-207 and 286-208	are exempt from	the Motor Carrier

This vehicle exemption does not exempt individual from driver license requirements. A copy of this form must be kept in the vehicle at all times.

Safety Rules and Regulations.